Cont pa

PTC/SB/08 (08-03)
Approved for use through 7/31/2008. CMB 0851-0032
U.S. Peters and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwor	k Reduction Act	of 1995, n	o persons are rec	exited to respon	1 00 to	U.S. Petent and 1 a codection of in	rademark Of formation unt	Tice; U.S. ess it de	DEPARTMENT	OF COMMERC
Under the Peperwork Reduction Act of 1995, no persons are required to respond PATENT APPLICATION FEE DETERMINATIO Substitute for Form PTO-875						RECORD		Application for Doctor Humber		
CLAIMS AS FILED - PART I (Column 1) (Column 2)						SMALL ENTITY		OR.	OTHER THAN SMALL ENTITY	
FOR NUMBER FILE		SER FILED	D MUMBER EXTRA			RATE	FEE	]	22.5	
BASIC FEE (37 CFR 1.18(a))				1			1	RATE	FEE	
TOTAL CLAIMS (S7 CFR 1.10(c))		minus Z				<u> </u>	·	OR	<b></b>	<u> </u>
INDEPENDENT CLAIMS CIT CFR 1.18(b))					1	× 5		OR	X-\$	<u> </u>
					1	X 8	<u> </u>	OR.	X \$3	<u> </u>
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.18(Q)						+8		OR	+3i	
* If the difference in column 1 is less than zero, enter "O" in column 2.						TOTAL		OR	TOTAL	
CL	aims as an	ENDED	– PART II	•						
·	(Column 1)	·	(Cotiann 2)	(Column 3)	_	SMALL (	YTTM	OR	OTHE	R THAN ENTITY
Total promising independent profit isotopendent profit isotopendent profit isotopendent	CLAIMS REMAINING AFTER AMEMONIENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL		RATE	ADDI- TIONAL
Total CP CPR 1.18(0)	20	Minus	25	- 0	1	X: •	<u>FEE</u>	,		FEE
Z independent U pr cfR 1.14pp	2	Mirus	-2	- 0	1			_00_	X	
RRET PRESENTA	TION OF MIT TO			7	l	× *		OR	× *•	· · · · · · · · · · · · · · · · · · ·
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(0))						+sc TOTAL		OR	+1 .	
为一	-					ADD1 FEE		OR.	ADD'L FEE	
7-1-	(Column 1) CLAIMS		(Column 2)	(Column 3)	. ~					
	REMAINING	i i	HIGHEST NUMBER	PRESENT	١١	RATE	ADDI-	`	RATE	4001
14/40	AFTER AMENDMENT		PREVIOUSLY PAID FOR	EXTRA			TIONAL	٠ .	1/41.	ADDI- TIONAL
COUNTRY COUNTRY	20	Minus	25	-		X	·			FEE
independent (IV CFR 1.100t)	2	Minus	- 2	•		7		OR	× 3	
AFTER PREVIOUSLY EXTRA AMENUMENT PARD FOR D COM STATE OF THE PARD FOR D COM STATE OF THE PARD FOR D COM STATE OF THE PARD FOR STATE						X 8		OR	X \$=	<del>_</del>
MUMPLE Claims TOTAL TOTAL										
Amor	(Column 1)	Ų.	• • • • • •	<i>-</i>		ADD'L FEE		Jes	ADDIFEE	
1061	CLAIMS		(Column 2) HIGHEST	(Column 3)	. I				·	
	REMAINING AFTER AMENDMENT		NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADOI- TIONAL		RATE	ADDI- TIONAL
Total • Gapt, i sec up	18021	Minus	23	-			FEE			REE
Total promiting of the	2	Minus	<del>"</del> " >	• ==		× e _ /e		OR	Xe -	
FIRST PRESENTATI		X \$	$\overline{}$	OR .	**					
					Į	TOTAL	<del>-\-</del> -	OR	TOTAL D	<u> </u>
* If the entry in column 1 is less than the entry in column 2, write "O" in column 3.  ** If the "Highest Number Previously Paid For IN THIS SPACE is less than 20, enter "20".										
" I the "Highest Nun	nber Previously	PENG FOT () Dalu Sar ()	N THIS SPACE I	s less than 20, e	nte		•	•	_	
The 'Highest Num!	ber Proviously P	ald For (To	otal or independe	nt) is the higher	uer eta	ੱਤੀ. umber formet to th	• • • • • • • • • • • • • • • • • • •	<b></b>		

This collection of information is required by 37 CFR 1.16. The Information is required by 37 CFR 1.16. This collection is retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete the information form to the USPTO. Time will vary depending upon the infoliational case. Any comments on the encount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patient and Trademark Office, U.S. Dependment of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS, SEND TO: Commissioner for Patients, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.